



UrgentWorks

BRIT
Systems

Leader of the PACS

BRIT Systems' UrgentWorks (UW) is a pure browser-based application for critical test results management (CTRM) and general emergency messaging.

As a CTRM, it supports:

- flagging of urgent findings and critical test results via either parsing from a radiologist's report or via direct entry
- immediate communications of the findings to physicians and/or patient locations; and
- complete on-going tracking of the history of the urgent finding, from entry of the finding through acknowledgement by a clinician.



Results are delivered via user established rules, including UrgentCall, BRIT's automated calling solution. Users' rules determine order of physician, location and backup personnel to contact. Contact methods include phone calls, texting, faxing, paging and others. Users can also monitor a web page or iPad. Escalation continues until critical finding has been acknowledged. The system instantaneously provides results across the enterprise via the web interface and archives the results providing details and statistics with a few clicks. The critical result history can be appended to the radiologist's report via HL-7 messaging. UW's unique Fire Drill utility verifies contact information on a regular basis, allows users to dynamically add or alter their contact numbers and provides statistics on the accuracy of the information, distinguishing this product from its competition.

As an Emergency Messaging Tool, it supports the ad hoc entry of messages and delivery to groups of users (or all users of the system). The messages can be delivered immediately or via a schedule and can optionally require acknowledgements. Users' contact rules determine their method of contact. As with all UrgentWorks modules, all contacts are time stamped and logged for tracking and analysis. The additional cost of using the Emergency Messaging tool is on a utilization model; there are no additional set-up or licensing fees.

Emergency Messaging System

Schedule
Date: 2011-01-27
Call from 8 : 00 AM Until [Enter When]
Stop Date: 2011-01-28 at [Select Users]
 SUNDAY TUESDAY THURSDAY
 MONDAY WEDNESDAY FRIDAY

Contact
 ADMINISTRATOR
 MANAGER
 COORDINATOR
 RADIOLOGIST
 PHYSICIAN
 LOCATION
 NURSE
 TECH
 TRANSCRIPTIONIST
 ORDERENTRY
 ALL

Method of Notification
Requires Acknowledgement: Yes No [Select if Acknowledgement Required]
Notification Method
 Email Only
 Phone Only
 Email then Phone [Select Method and Frequency]
Wait for acknowledgement 90 m
20 # of Concurrent Phone Calls
Attempt 5 times. Retry after 15
 Also try secondary

Type Message [Submit] [Close] [Submit]

A snow day or other emergency may prevent you from reaching your managers. Please contact your managers immediately if you are not able to reach the hospital. Also, please contact your managers if you are available in the event others can not reach the hospital.



Urgent Workflow

Step 1: Order information indicating patient location and ordering physician enters UW via either HL-7 or DICOM integration

Step 2: Either radiologists sees urgent finding or optionally, study has priority of "stat"

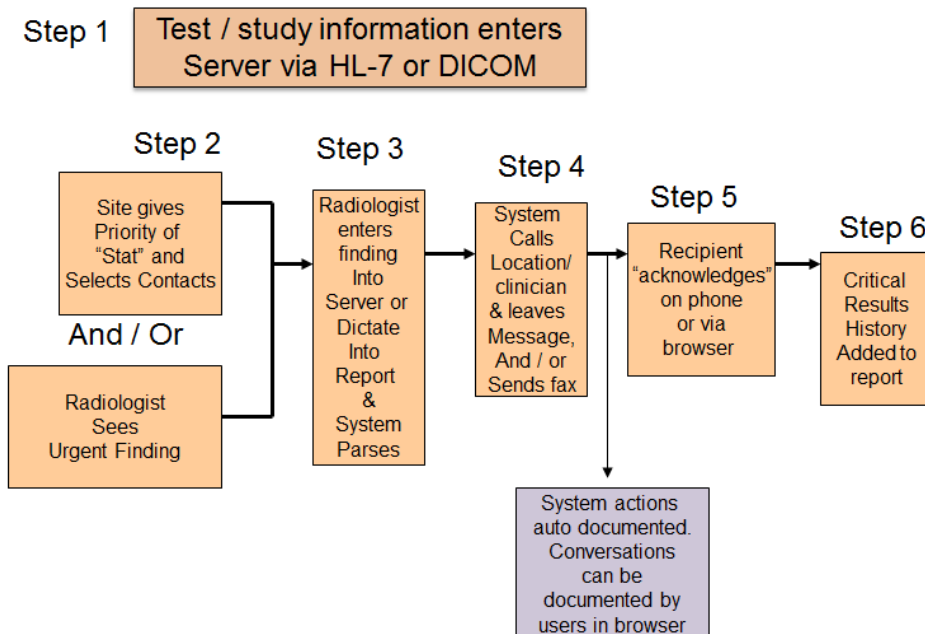
Step 3: Radiologists calls out urgent finding in the report and this is returned to UW via HL-7 where the Urgent Finding is culled out of the report. Alternatively, this is entered into the UW application directly.

Step 4: UrgentCall phones user or location based on rules set-up in user/location profile. UrgentCall continues calling list of numbers until finding acknowledged.

Step 5: Recipient acknowledges finding during call. Alternatively, any authorized individual can acknowledge via web interface. Recipient can ask to be connected to radiologists

Optional Step 6: Critical Results History can be appended to reports via an HL-7 interface.

Managers produce reports listing all studies with Critical Findings with statistical analysis, including critical results turn-around time at anytime.





Why you'll love this system:

- Meets Joint Commission's National Patient Safety Goal Objective #2
- Seamless interface to existing workflow (PACS, RIS or EMR)
- Unimpeded radiologist workflow - they simply sign a report as preliminary or final and the system culls the critical finding out of the report
- Alternative methods for critical results entry, including integration with workstations
- System escalates unacknowledged calls to the ordering physician or location, as per rules
- Users can dynamically manage their own contact numbers and rules
- No Hassel delivery to clinician- no typing of patient name, ID or accession number required
- Notification flexibility - via the web, fax, email and/or phone.
- UrgentCall of results happens immediately and continuously calls list of contacts until finding acknowledged
- Acknowledgement may be during the UrgentCall
- UrgentCall can connect recipient to radiologist
- Any authorized user can acknowledge finding via web browser or iPad application
- All system actions logged and users can enter notes on conversations.
- Web interface can be accessed on a computer, laptop or smart phone
- Administrator panel for message monitoring and statistical analysis
- Critical history log for audit trails including messages, users and time stamps archived
- Once "Acknowledged", history of communication sent as an addendum to the final report via HL-7

Urgent Findings for CR at 12/16/09 5:44 PM [648121603-1078] for HATFIELD, WW_CRCOMPS D [517]
Reason: Possible granuloma/adenocarcinoma; STAT CT

Event Type	Date	User	Finding	Note
MARK URGENT	11/9/09 3:09 PM	Radiologist #1	possible granuloma/adeno	CT STAT
CALLED	11/9/09 3:10 PM	Kildare	phone 214-630-0636, left m	
VIEWED	11/9/09 3:15 PM	Kildare		
ACKNOWLEDGED	11/9/09 3:18 PM	Kildare		Closed

Add an Urgent Note:

Acknowledge Urgent: yes no

OK Close

- FireDrill
 - Calls every or subset of numbers in the system to verify.
 - Includes tools to email users information about FireDrill.
 - Allows users to modify calling numbers during FireDrill
 - Provides management reports on results
 - Supports system management repairs and retries
- Supports ER Discordance – *For more information, see ER Discordance brochure*